INTERVIEWER: READ "The following questions aim at identifying the extent to which people are limited in their work and the nature or type of this limitation. Let's start with health."
1. **HEAL_CON**

Do you have any of the following types of longstanding health conditions or disease that are on this list?

**Show card**

01. Problems with arms or hands (which includes arthritis or rheumatism)
02. Problems with legs or feet (which includes arthritis or rheumatism)
03. Problems with back or neck (which includes arthritis or rheumatism)
04. Cancer
05. Skin conditions, including allergic reactions and severe disfigurement
06. Heart, blood pressure or circulation problems
07. Chest or breathing problems, including asthma and bronchitis
08. Stomach, liver, kidney or digestive problems
09. Diabetes
10. Epilepsy (include fits)
11. Severe headache such as migraine
12. Learning difficulties (reading, spelling or math disability)
13. Chronic anxiety
14. Depression
15. Other mental, nervous or emotional problems
16. Other progressive illnesses (which include multiple sclerosis, HIV, Alzheimer’s disease, Parkinson’s disease)
17. Other longstanding health problems

Interviewer to code
1. Yes
2. No

2. **CON_TYP1**

**IF HEAL_CON = 1**

*The respondent has one of the longstanding health conditions*

Please point out what you consider your most severe condition

Intervewer to put in corresponding code

code of the 1st type of longstanding health condition or disease
3. CON_TYP2

IF HEAL_CON = 1

*The respondent has one of the longstanding health conditions*

... and your next most severe condition?

Interviewer to put in corresponding code code 00 if they do not have a second condition

[ON SCREEN] Note to interviewer if respondent does not have a second condition code 00

4. LMHRSHC

IF HEAL_CON = 1

If the respondent has a health condition

Does your health condition limit the number of hours that you can work in a week?

1. Yes
2. No

5. LMTYPHC

IF HEAL_CON = 1

If the respondent has a health condition

Does your health condition limit the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?

1. Yes
2. No
6. **LMFRMHC**
   If \( \text{HEAL\_CON} = 1 \)
   If the respondent has a health condition

   Does your health condition make it difficult getting to and from work?
   1. Yes
   2. No

7. **HPWKHC**
   If \( \text{HEAL\_CON} = 1 \) and ilostat in \( (1,2,3,4,5) \)
   If the respondent has a health condition and is working

   Do you use personal assistance at work due to your health condition?
   1. Yes
   2. No

8. **ADWKHC**
   If \( \text{HEAL\_CON} = 1 \) and ilostat in \( (1,2,3,4,5) \)
   If the respondent has a health condition and is working

   Do you use special equipment or have adaptations at work due to your health condition?
   1. Yes
   2. No

9. **ORGWKHC**
   If \( \text{HEAL\_CON} = 1 \) and ilostat in \( (1,2,3,4,5) \)
   If the respondent has a health condition and is working

   Do you have special working arrangements due to your health condition?
   1. Yes
   2. No
10. HPUHC
If HEAL_CON = 1 and ilostat not in (1,2,3,4,5)
If the respondent has a health condition and is not working

Would you need personal assistance to be able to work due to your health condition?
   1. Yes
   2. No

11. ADUHC
If HEAL_CON = 1 and ilostat not in (1,2,3,4,5)
If the respondent has a health condition and is not working

Would you need special equipment or need adaptions at work due to your health condition to be able to work?
   1. Yes
   2. No

12. ORGUHC
If HEAL_CON = 1 and ilostat not in (1,2,3,4,5)
If the respondent has a health condition and is not working

Would you need special working arrangements due to your health condition to be able to work?
   1. Yes
   2. No
13. ACT_DIFF

Opening filter if 15 <= age <= 64

All persons aged 15 to 64 inclusive

Do you have difficulties with any of the following basic activities?

Interviewer show the respondent the 2\textsuperscript{nd} show card

- 01 Seeing, even if wearing glasses
- 02 Hearing, even if using a hearing aid
- 03 Walking, climbing steps
- 04 Sitting or standing
- 05 Remembering, concentrating
- 06 Communicating, for example understanding or being understood
- 07 Reaching or stretching
- 08 Lifting and carrying
- 09 Bending
- 10 Holding, gripping, or turning

1. Yes
2. No

14. DIFF_TYP1

If ACT_DIF = 1

If the respondent has a difficulty

Which do you consider causes you the most difficulty?

\text --- code of the 1\textsuperscript{st} basic activity

15. DIFF_TYP2

If ACT_DIF = 1

If the respondent has a difficulty

And the next most difficult

\text --- code of the 2\textsuperscript{nd} basic activity
16. SORRY
If HEAL_CON = 1 and ACT_DIF = 1
If the respondent has a health condition and an activity difficulty

I’m now going to ask a couple of similar questions but in relation to your activity difficulty

1. continue

17. LMHRSAD
If ACT_DIF = 1
If the respondent has an activity difficulty

Does your activity difficulty limit the number of hours that you can work in a week?

1. Yes
2. No

18. LMTYPAD
If ACT_DIF = 1
If the respondent has an activity difficulty

Does your activity difficulty limit the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?

1. Yes
2. No

19. LMFRMAD
If ACT_DIF = 1
If the respondent has an activity difficulty

Does your activity difficulty make it difficult getting to and from work?

1. Yes
2. No
20. **HPWKAD**
If ACT_DIF = 1 and ilostat in (1,2,3,4,5)
If the respondent has an activity difficulty and is working

Do you use personal assistance at work due to your activity difficulty?

1. Yes
2. No

21. **ADWKAD**
If ACT_DIF = 1 and ilostat in (1,2,3,4,5)
If the respondent has an activity difficulty and is working

Do you use special equipment or have adaptations at work due to your activity difficulty?

1. Yes
2. No

22. **ORGWKAD**
If ACT_DIF = 1 and ilostat in (1,2,3,4,5)
If the respondent has an activity difficulty and is working

Do you have special working arrangements due to your activity difficulty?

1. Yes
2. No

23. **HPUAD**
If ACT_DIF = 1 and ilostat not in (1,2,3,4,5)
If the respondent has an activity difficulty and is not working

Would you need personal assistance to be able to work due to your activity difficulty?

1. Yes
2. No
24. ADUAD
If ACT_DIF = 1 and ilostat not in (1,2,3,4,5)
If the respondent has an activity difficulty and is not working

Would you need special equipment or need adaptions at work due to your activity difficulty to be able to work?
   1. Yes
   2. No

25. ORGUAD
If ACT_DIF = 1 and ilostat not in (1,2,3,4,5)
If the respondent has an activity difficulty and is not working

Would you need special working arrangements due to your activity difficulty to be able to work?
   1. Yes
   2. No

26. LIMWORK
If 15 <= age =< 64 and HEAL_CON ne 1 and ACT_DIF ne 1
All persons aged 15 to 64 inclusive and have no health condition or activity difficulty

Is there any reason that restricts the work you can do? (number of hours, type, transport, etc.)
   1. Yes
   2. No

27. LMWRKHC
If 15 <= age =< 64 and HEAL_CON = 1 and ACT_DIF ne 1
All persons aged 15 to 64 inclusive and have a health condition but no activity difficulty

Is there any reason other than your health condition that restricts the work you can do? (number of hours, type, transport, etc.)
   1. Yes
   2. No
28. LMWRKAD
If 15 <= age <= 64 and HEAL_CON ne 1 and ACT_DIF = 1
All persons aged 15 to 64 inclusive and do not have a health condition but due have an activity difficulty

Is there any reason other than your activity difficulty that restricts the work you can do? (number of hours, type, transport, etc.)
1. Yes
2. No

29. LMWHCAD
If 15 <= age <= 64 and HEAL_CON = 1 and ACT_DIF = 1
All persons aged 15 to 64 inclusive and have a health condition and an activity difficulty

Is there any reason other than your health condition or activity difficulty that restricts the work you can do? (number of hours, type, transport, etc.)
1. Yes
2. No

30. MAINREAS
If LIMWORK = 1 or LMWRKHC = 1 or LMWRKAD = 1 or LMWHCAD
If the respondent has a restriction in the type of work they can do

What is the main reason?
1. Lack of qualifications/experience
2. Lack of appropriate job opportunities
3. Lack or poor transportation to and from workplace
4. Employers' lack of flexibility
5. Affects receipt of benefits
6. Family/caring responsibilities
7. Personal reasons
8. Other reason